

Substitute for Form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)		Application Number	Unknown 10/561882
Sheet 1 of 1		Filing Date	Herewith
		First Named Inventor	John G. Lew
		Art Unit	Unknown
		Examiner Name	Unknown
		Attorney Docket No.	CSAZ 2 00172

U.S. PATENT DOCUMENTS				
Examiner Initials*	Cite No.	Document No. Number-Kind Code <small>(if known)</small>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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AM					
AN					

OTHER - NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published			T
AQ					
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/Thomas R. Hannon/

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